

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

EMERGENCY CARE DATA RECORD
EMERGENCY DEPARTMENT DATA RECORD
MANUAL ABSTRACT REPORTING FORM

Page 1 of 3

~~For use with encounters on or after January 1, 2006~~

Effective with encounters occurring on or after January 1, 2009

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements
 (Title 22, Sections 97251 through 97265, and 97267)

~~A.~~ FACILITY ID NUMBER

--	--	--	--	--	--	--	--

~~B.~~ ABSTRACT RECORD NUMBER (Optional)

--	--	--	--	--	--	--	--	--	--	--	--

~~1.~~ DATE OF BIRTH

Month		Day		Year (4-digit)			
M	M	D	D	C	C	Y	Y

~~2.~~ SEX

F Female
 M Male
 U Unknown

--

~~3.~~ RACE

R1 American Indian or Alaska Native
 R2 Asian
 R3 Black or African American
 R4 Native Hawaiian or Other Pacific Islander
 R5 White
 R9 Other Race
 99 Unknown

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~~4.~~ ETHNICITY

E1 Hispanic or Latino
 E2 Non-Hispanic or Non-Latino
 99 Unknown

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~~5.~~ ZIP CODE

--	--	--	--	--	--

99999 = Unknown

~~6.~~ PATIENT'S SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--

Report 000000001(Unknown) if not recorded in the patient's medical record

~~7.~~ SERVICE DATE

Month		Day		Year (4-digit)			
M	M	D	D	C	C	Y	Y

PRINCIPAL LANGUAGE SPOKEN

Enter only one 3-digit value in the space provided.

Or, if patient's Principal Language Spoken is not included in the list, then enter language spoken, up to 24 alpha characters.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ENG	English	LAO	Laotian
ARA	Arabic	HMN	Miao, Hmong
ARM	Armenian	KHM	Mon-Khmer, Cambodian
CHI	Chinese	NAV	Navajo
FRE	French	PER	Persian
CPF	French Creole	POL	Polish
GER	German	POR	Portuguese
GRE	Greek	RUS	Russian
GUJ	Guarathi	SCR	Serbo-Croatian
HEB	Hebrew	SPA	Spanish
HIN	Hindi	TGL	Tagalog
HUN	Hungarian	THA	Thai
ITA	Italian	URD	Urdu
JPN	Japanese	VIE	Vietnamese
KOR	Korean	YID	Yiddish
		999	Unknown

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B. ABSTRACT RECORD NUMBER (Optional)

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1. DATE OF BIRTH (MMDDCCYY)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7. SERVICE DATE (MMDDCCYY)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

15. EXPECTED SOURCE OF PAYMENT

--	--	--	--

--	--

- 09 Self Pay
11 Other Non-federal programs
12 Preferred Provider Organization (PPO)
13 Point of Service (POS)
14 Exclusive Provider Organization (EPO)
16 Health Maintenance Organization (HMO) Medicare Risk
AM Automobile Medical
BL Blue Cross/Blue Shield
CH CHAMPUS (TRICARE)
CI Commercial Insurance Company
~~DS Disability~~
~~HM Health Maintenance Organization~~
~~MA Medicare Part A~~
~~MB Medicare Part B~~
~~MC Medicaid (Medi-Cal)~~
~~OF Other federal program~~
~~TV Title V~~
~~VA Veterans Affairs Plan~~
~~WC Workers' Compensation Health Claim~~
~~00 Other~~

- DS Disability
HM Health Maintenance Organization
MA Medicare Part A
MB Medicare Part B
MC Medicaid (Medi-Cal)
OF Other federal program
TV Title V
VA Veterans Affairs Plan
WC Workers' Compensation Health Claim
00 Other

14. DISPOSITION OF PATIENT

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- 01 Discharged to home or self care (routine discharge)
02 Discharged/transferred to a short term general hospital for inpatient care
03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care
04 Discharged/transferred to an intermediate care facility (ICF)
05 Discharged/transferred to another type of institution not defined elsewhere in this code list
06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care
07 Left against medical advice or discontinued care
20 Expired
43 Discharged/transferred to a federal health care facility
50 Discharged home with hospice care
51 Discharged to a medical facility with hospice care
61 Discharged/transferred to a hospital-based Medicare approved swing bed
62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital
63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
64 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
66 Discharged/transferred to a Critical Access Hospital (CAH)
00 Other

8. PRINCIPAL DIAGNOSIS

ICD-9-CM CODE

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9. OTHER DIAGNOSIS

ICD-9-CM CODE

a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					

i.					
j.					
k.					
l.					
m.					
n.					
o.					
p.					

q.					
r.					
s.					
t.					
u.					
v.					
w.					
x.					

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7. SERVICE DATE (MMDDCCYY)

10. PRINCIPAL EXTERNAL CAUSE OF INJURY E-CODE

ICD-9-CM CODE

E				
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11. OTHER EXTERNAL CAUSE OF INJURY E-CODES

ICD-9-CM CODE

a.	E			
b.	E			
c.	E			
d.	E			

12. PRINCIPAL PROCEDURE

CPT-4 CODE

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13. OTHER PROCEDURES

CPT-4 CODE

a.				
b.				
c.				
d.				
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